

P.O. Box 747 • Falls Church, Virginia 22040-0747
Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

Insert Prior U.S. Application(s): (if any)	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)
	(Application Number)	(Filing Date)	(Status - patented, pending, abandoned)

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292; (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

**PLEASE NOTE:
YOU MUST
COMPLETE
THE
FOLLOWING:**



I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First
or Sole Inventor:
Insert Name of
Inventor →
Insert Date This
Document is Signed

Insert Residence
Insert Citizenship →

Insert Post Office
Address →

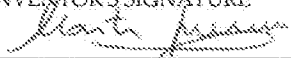
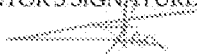
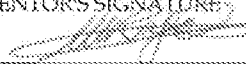

Full Name of Second
Inventor, if any:
see above

Full Name of Third
Inventor, if any:
see above

Full Name of Fourth
Inventor, if any:
see above

Full Name of Fifth
Inventor, if any:
see above

Full Name of Sixth
Inventor, if any:
see above

GIVEN NAME/FAMILY NAME Marta GUERRERO	INVENTOR'S SIGNATURE 	DATE* 26/SEP/06
Residence (City, State & Country) Barcelona, Spain		CITIZENSHIP Spain
MAILING ADDRESS (Complete Street Address including City, State & Country) Travessera de Dalt 73; E-08024 Barcelona; SPAIN		
GIVEN NAME/FAMILY NAME Anna ORRIOLS	INVENTOR'S SIGNATURE 	DATE* 26/SEP/06
Residence (City, State & Country) Manresa, Spain		CITIZENSHIP Spain
MAILING ADDRESS (Complete Street Address including City, State & Country) Doctor Esteve 41-45; E-08240 Manresa; SPAIN		
GIVEN NAME/FAMILY NAME Manuel M. RAGA	INVENTOR'S SIGNATURE 	DATE* 26/SEP/06
Residence (City, State & Country) Barcelona, Spain		CITIZENSHIP Spain
MAILING ADDRESS (Complete Street Address including City, State & Country) Sors 17-21; E-08024 Barcelona; SPAIN		
GIVEN NAME/FAMILY NAME Antonio GUGLIETTA	INVENTOR'S SIGNATURE 	DATE* 26/SEP/06
Residence (City, State & Country) Barcelona, Spain		CITIZENSHIP Italy
MAILING ADDRESS (Complete Street Address including City, State & Country) Magdalena Corcoll, 16; Molins de Rei; 08750 Barcelona; SPAIN		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		
GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE	DATE*
Residence (City, State & Country)		CITIZENSHIP
MAILING ADDRESS (Complete Street Address including City, State & Country)		

*DATE OF SIGNATURE